2. Fiscal Year Covered From:

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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Mariagament
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as arrended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

7//0	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name LeRoy J BABOLIAN	Name CArpenters & millwrights Local Union 1176 Labor Organization File Number 036/23
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 66 110th 5+ 50	Street 3002 1st Aue N,
City GLYNDON	City Fargo
State MIU ZIP Code + 456547	State N D ZiP Code + 4 58/07_
State MIU ZIP Code + 456547 State ND ZIP Code + 458102  5. Position in labor organization. Financial Secretary Local Union 1176	
Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Not Applicable	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Letzey J. Balolia	On 8-2-05 218-498-2371  Date Telephone Number
Form LM-30 (2003)	Pege 1 of 2

The of Person Filing LeRy J BAbullAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name North Central Carperterstraining Center Trade Name, Il any:	a. Labor Organization  o. Trust	
P.O. Box, Bldg., Room No., if any Street 5238 Miller Trunk High uny	c. Employer	
State MN ZIP Code + 4 55811		
10. If 9.b, or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing. Menls while Teaching Acoustical Class at Duluth on Feb 2004	
P.O. Box, Bldg., Room No., if any	,	
Street	11.b. Approximate dollar value of such dealing. \$\frac{10.99}{10.99}\$	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name NU+ Applicable		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State

Name of Person Filing Le Roy TBH boll And	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name North Central Carpenters Training Trade Name, Il any: P.O. Box, Bldg., Room No., If any Street 5238 Miller Trunk Highing	a. Labor Organization  o. Trust  c. Employer	
City Herman town		
State M/U ZIP Code + 4 5581/		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing. Repubursoment For Lodging & Menss while tenching Acoustical Class At Duluth, MN on	
Trade Name, if any:	·	
	teb. 2004	
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Not Applicable		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City State